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R E P O R T

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MEDICAL OFFICER OF HEALTH

for

1964.

CORNWALL COUNTY COUNCIL

TELEPHONE No. 3373



HEALTH AREA OFFICE

LISKEARD

Ref. No. F/54/771

17th September, 1965.

The Secretary,
Ministry of Health,
Alexander Fleming House,
Elephant & Castle, London S.E.1.

Sir,

Annual Report of Medical Officer of
Health for 1964

I enclose herewith four copies of my Annual Report for Saltash Borough Council for the year 1964 in accordance with instructions contained in Ministry of Health Circular 1/65 dated 11th January 1965.

I shall be obliged to have your acknowledgment of this report in due course.

I am Sir,

Your obedient Servant,

Medical Officer of Health.

BOROUGH OF SALTASH

-oOo-

R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for

1964.



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TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE BOROUGH OF SALTASH

Your Worship, Ladies and Gentlemen,

As has been the case for many years, changes in the population of No. 7. Health Area were relatively small and insignificant in 1964. Small reductions in St. Germans R.D. and Liskeard M.B. were offset by small increases in the other four County Districts, resulting in an overall increase in the Health Area population from 50,340 in 1963 to 50,820 in 1964.

The corrected birth rate showed a further increase to 18.8 per 1,000, of population which again brought it above the national rate. Still births at 11 were identical with last years figure, and the rate here was below the national rate. Deaths at 674 were below the 1963 figure, but the corrected rate per 1,000 of the population was slightly above the rate for England and Wales. The excess of live births over deaths was 90. For the third successive year there were no maternal deaths. The figure for deaths of infants under one year of age was up on the 1963 figure, but the rate per 1,000 live births was still fractionally below the national rate. Of the 15 infants who died, 7 failed to survive the first critical week of life and a further 3 lived less than four weeks.

In 1962 I commented briefly on rate of illegitimate births in the Health Area which in that year represented 5.6 per cent of all live births, and had not increased noticeably above the average for the previous 13 years. In 1963 the rate fell slightly to 5.4% but in 1964 there was a sharp increase to 8.1%. The 62 illegitimate births registered meant that one child in every twelve born started life with this social handicap.

Of the 674 deaths registered in 1964 heart disease was responsible for 271, strokes caused 120, and 111 were caused by cancer. Of the defined forms of heart disease that form affecting the coronary arteries of the heart itself caused 123 deaths. Amongst the defined forms of cancer that affecting the lung and windpipe was most prevalent causing 16 deaths. Cancer of the stomach was almost as prevalent and caused 15 deaths. There was a sharp reduction in the mortality from breast cancer which in 1964 caused only 6 deaths. Of those who died during 1964 some 49 per cent had reached or exceeded the age of 75 years at the time of death, whilst a further 27 per cent were between 65 and 74 years of age at the time of death.

The incidence of notifiable disease (other than tuberculosis) was very light during the year when 139 cases only were notified. The most prevalent of this group of diseases was measles, of which there were 84 cases occurring mainly in the St. Germans and Liskeard Rural Districts. Of the more serious forms of notifiable disease there were two cases of meningitis and one of meningococcal infection, but none of these had a fatal outcome or serious after-effects.

Although the incidence of notifiable diseases other than measles has tended to decline in recent years there has been an increase in minor forms of illness which are almost certainly infectious in character. Of these one of the more prevalent, and troublesome is a type of epidemic vomiting and diarrhoea. This appears to involve mainly children in the lower school age group i.e. between the ages of 5 and 8 years but older children and adults are by no means immune. The cause is not known but is believed to be a virus. The infecting agent may spread through the material vomited, the stools, or from the mouth, nose, and throat in much the same way as the common cold. Whilst personal hygiene is helpful in limiting the spread of infection the fact that much of the dissemination of the infecting agent is from the upper respiratory tract makes really satisfactory control virtually impossible. Happily the disease is of short duration, and not usually severe particularly in children and it represents more of a nuisance than any real danger to health. In some older children and in adults the attacks tend to be more severe. In addition to this type of epidemic illness affecting the gastro-intestinal system one also hears of, and sees a fair amount of vague influenza - like illness, some of which may of course be true influenza virus infection, but much is probably due to a variety of other viruses which have been discovered in the last decade. It is fortunate that most of these infections are of a mild nature since most of the drugs currently available for treating them are not very effective.

Another difficulty in dealing with these infections is the comparative lack of facilities for isolating and identifying the agent responsible. The techniques and equipment for working in the laboratory with viruses are still being developed and evolving and are currently available to any extent outside the larger laboratories and research centres. They will of course eventually be made available more widely, but until this is the case much of our opinions must continue in the realm of speculation.

If one looks at a graph or diagram charting the incidence in this Health Area of newly notified cases of tuberculosis over the past 17 years there is no doubt that a gradual fall in incidence is clearly in evidence. This overall reduction is not however in the nature of a smooth, and continuous downward gradient but shows more of a spiky hill and dale outline. Thus a year of very low incidence is frequently followed by a year or two of rising incidence followed in turn by a further fall in incidence. In 1963 the rate fell to a new low level of 0.22 per 1,000 of population, to be followed in 1964 by a noticeable rise to 0.37 per 1,000 of population. Of the 19 new cases coming to light during 1964, no less than 13 were in people aged 45 years or more. This serves to reinforce the current belief that the main reservoir of tuberculous infection is probably in the middle-aged and elderly section of the community, and especially in males in these age groups. In such cases it is not infrequently associated with and possibly masked by the "English disease" - chronic bronchitis. Difficulties of diagnosis are aggravated by lack of interest if not overt resistance to the diagnostic facilities made available by the Mass Radiography Service on the part of people, and more particularly males, in the older age groups. Relatively low rates of tuberculin sensitivity amongst 12 year old schoolchildren were again found in 1964 when the rate was 5.1 per cent of 507 children who had the test applied and subsequently read. This indicates that the majority of children up to this age are escaping contact with tuberculous infection, and suggests that there is some reduction in the size and extent of the pool of unknown tuberculous infection. In this connection it is interesting to note that as recently as 1954 children only slightly older were showing a positive reactor rate of 14.3 per cent.

There were three deaths attributed to tuberculosis during the year. Of these two were chronic sufferers whose disease had not responded to a variety of treatments. The other of a 65 year old woman, was only discovered as a result of an autopsy carried out.

The welfare of elderly people, especially those living alone, and those living in old houses and cottages lacking amenities, continued to pose problems and cause anxiety. In a great many instances the Home Help Service did valuable work in enabling old people to continue to live at home. This arrangement is not only humane, but imposes much less of a financial burden on the general body of ratepayers and taxpayers. There are however limitations to the extent and type of home help which can be provided to allow old persons to continue to live at home, and in such cases, and there are many of this type, the only satisfactory solution is admission to a County Council home for old people. In spite of extra provision which has been made in recent years the demand for places in such homes still outstrips the supply with the result that waiting lists, and some system of priorities in selecting people for admission are inevitable. At present the County Council provides some 145 welfare places in homes in this Health Area. Of these 74 are in Lamellion Hospital, Liskeard, 35 at Polvellan House, Looe and 36 at St. Annes, Saltash. The County Council is under an obligation to the Hospital Management Committee to vacate the accommodation now in use at Lamellion Hospital Liskeard, and to replace the 74 places now available there, and provide some additional places it is proposed to provide two 48 place homes - one at Liskeard, and one at Callington. This new provision is scheduled for the financial year 1966/67, and the provisional capital cost of each home was estimated in 1964 at £82,000 or £1,700 per place provided. Whilst all concerned with the welfare of old persons would wish to see more generous provision of places in homes it is an inescapable fact that such provision represents a heavy financial burden on the community. If these difficulties are appreciated and seen against the larger picture of demands for better educational facilities, more and better hospital accommodation, increases in housing provision, more direction of resources into the solution of traffic congestion, then those concerned, and their relatives may be more tolerant of some delay in solving the problem of caring for old persons.

Recent outbreaks of enteric fever in this country have caused much concern and have underlined the need for higher standards of food hygiene. In this field the most important and usually the most faulty element is the human food handler. It is true that mal-functioning, badly maintained equipment can harbour and spread food poisoning infection. In the majority of outbreaks of illness contracted from food the principal culprit is the food-handler whose

standards of personal cleanliness are either indifferent or downright bad. The food Hygiene Regulations require the provision of adequate washing facilities but no regulation nor any amount of normal reasonable supervision can ensure that a careless employee makes use of such facilities. So often the human links in the chain to prevent infection of food are the weak ones which fail, and set at naught or seriously reduce the value of good premises and equipment. In saying this I would not wish the inference to be drawn that there are no deficiencies in the surroundings and equipment associated with the storage, display and handling of food. The most striking deficiency in the majority of establishments dealing with food is the absence or inadequacy of cold storage and cold display facilities. Refrigerated display counters for foods such as cooked meats, meat pies, and other items of food which are consumed without further cooking are still conspicuous by their absence, even in large stores where large amounts of such foods are stocked and sold. Too often one sees such items displayed in glass cases on open counters where they are subject not only to infecting agents present in the air, and dust which surround them, but also to the higher ambient temperature which favours the growth and rapid multiplication of harmful bacteria, and moulds. I feel that in shops handling these foods, and indeed for those selling confectionary, and that noted West of England delicacy - clotted cream - such provision is to be regarded as something which a good well-run food store should not be without.

There has not been a great deal of activity in the field of local authority housing, nor have any large scale slum clearance schemes come forward during 1964. The heaviest demand for Council house tenancies is found in the urban districts notably at Saltash and Torpoint, where sizeable waiting lists are the rule, the position being rather easier in rural areas. Further provisions of houses specially designed to suit the needs of elderly persons has been made, and there appears to be no difficulty in finding tenants for such dwellings when they are completed. Many older dwellings have been saved from closing on demolition by the operation of improvement grant schemes. Provided such houses are structurally sound reasonably free from dampness, and have some space around them, they can be made into attractive and comfortable homes by the expenditure of a fraction of what would be required to provide the equivalent in living accommodation and amenities in a newly-built house. The extension of main water supplies, and sewerage and sewage disposal schemes into rural localities has done a great deal to encourage owners of older properties to take advantage of improvement grant schemes.

The piped water supplied by the East Cornwall Water Board has been of satisfactory quality, and has been generally adequate in quantity throughout the year. Local difficulties did occur from time to time due almost entirely to old and/or inadequate distribution mains. The Board is working to a programme for the renewal of such inadequate distribution arrangements, but this will have to be spread over a period of some years, and until it is completed wholly satisfactory supplies will not be possible in certain localities. Over and above the local difficulties the total amount of water available from the two main sources at Trekeive Steps and at Bastreet is only just sufficient to meet present demands, and I am glad to know that the Board has been given authority to proceed with a scheme to impound and store a large amount of water by means of a dam to be constructed in a moorland valley at Sibbyback to the north of Liskeard.

By the end of the year permission - so long awaited - had been given for a start to be made on the scheme for sewage disposal in the Borough of Liskeard. This when completed will remove a major source of pollution of what is otherwise a pleasant inland river. Further schemes are in hand or have been completed in the Liskeard and St. Germans Rural Districts, and in the Liskeard Rural District the position has now been reached where relatively small communities in hamlets are being provided with proper means of sewage disposal - a far cry from the primitive and thoroughly unsatisfactory state of sanitation which existed as recently as 10 - 12 years ago. At the principal holiday resort in this Area - Looe - the unsatisfactory and objectionable method of discharging crude sewage into the river continues, and at the time of writing I am not aware of definite proposals to remedy this unpleasant state of affairs. As long ago as 1949, soon after my appointment as Medical Officer of Health, I wrote my first adverse comment on the arrangements, or rather the lack of them, for sewage disposal at Looe. In each succeeding annual report over the past 15 years I have repeated this critical comment and am sorry to have to again do so in 1964. By contrast with other parts of the Health Area where progress in providing modern methods of sewage disposal has been proceeding steadily the position at Looe is becoming yearly more difficult to defend and justify.

The disposal of household and trade refuse presents a problem which continues to grow from year to year. Allied to an increase in the volume of refuse is the difficulty in finding suitable sites for disposing of it. Moreover the present generation is apt to take a more critical view of disposal methods and the day to day management of refuse tips. I do not quarrel with this attitude since a badly sited, and inefficiently managed tip can without doubt be a source of considerable nuisance to those living and working in the vicinity of the tip. If however, these higher standards are to be achieved and maintained members of District Councils, and ratepayers will have to come around to the realisation that more money will have to be spent on this service, and I am glad to see that most Councils when faced with this problem have accepted the necessity for this.

In concluding this general preface I should like to thank the Members and the Officers of all six District Councils in the No. 7. Health Area for the understanding and help they have given me during the year.

I have the honour to be.

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

STAFF

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MEDICAL OFFICER OF HEALTH

P. J. FOX,
M.B., B.Ch., B.A.O., D.P.H.

Health Area Office, West Street, Liskeard, Cornwall.
Telephone - Liskeard 3373.

PUBLIC HEALTH INSPECTOR

J. MARTIN,
M.A.P.H.I., M.R.S.H.

Church House, Saltash, Cornwall.
Telephone - Saltash 3190.

CLERK.

P. M. EVANS (Mrs),

OPERATIVE

T. M. KELLY.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough	6,257 acres.
Registrar General's estimate of resident population	7,720
Number of inhabited houses	2,543
Rateable value	£175,293
Estimated product of penny rate	£897

Vital Statistics for 1964.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	64	63	127
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	18.2	18.8	18.4
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	1	2
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	15.5	14.2	16.3
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	61	47	108
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Death rate per 1,000 of population	12.6	11.7	11.3
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Death of Infants under one year of age	1	4	5
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	39.4	19.6	20.0

Principal Causes of Death at all Ages:

Heart disease	36
Cancer (all sites)	24
Stroke	20
Respiratory disease	7
Accidents	4

Although the death rate was above average an increase in the birth rate provided a small excess of live births over deaths. The infant mortality rate was on the high side but no single discernible cause for these infant deaths could be found. Of the defined forms of heart disease, that affecting the coronary arteries of the heart caused the greatest number of deaths. Of the defined forms of cancer that affecting the lung caused the greatest mortality. Of those who died during the year 47% had reached or exceeded the age of 75 years at the time of death.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

1. Particulars of the Public Health Officers of the Authority:

These particulars are incorporated at the beginning of the report.

There were no changes in the Department's staff during the year under review.

2. Committees:

All Public Health matters are dealt with by the Public Health Committee of the Borough Council.

3. National Assistance Act, 1948, Section 47:

In November, 1964 my attention was drawn by the family doctor to the case of an old person aged 88, who was bedridden, and for whom close relations could no longer make adequate arrangements for home care. The old lady was adamant in her refusal to enter hospital where she could be cared for. In the circumstances there was no alternative but to seek an Order under the National Assistance (Amendment) Act, 1951, for her removal to a hospital and her detention therein. On receiving the necessary medical certificate over the signatures of the family doctor and myself application was made to a single Justice who on hearing the relevant evidence and having visited the old person in her home, made the necessary Order. The old person was then removed to Lamellion Hospital, Liskeard, where she remained until her death some four months later.

4. National Assistance Act, 1948, Section 50:

No action under this section was called for during the year.

SECTION C.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA.

1. Water Supply:

(a) Quality:

The quality of mains water supplied to the Borough continued to be highly satisfactory. Samples for bacteriological examination were taken regularly by the Public Health Inspector, the results being as follows:

Satisfactory

45

Unsatisfactory

4

The unsatisfactory samples were found to be due to contamination caused by repair works on the water main at the Plymouth end of the Tamar Bridge.

(b) Quantity:

An ample quantity of water continued to be available and no restrictions were placed on its use.

(c) Plumbo-Solvency:

The total hardness of water varies from 1-3 p.p.h.t. The water has little or no action on lead and no cases of lead poisoning were reported.

(d) Proportion of Population Supplied from Public Water Mains:

Except for one or two isolated dwellings the whole of the Borough is now provided with a mains water supply. The proportion of the population supplied by means of stand-pipes is negligible.

2. Drainage:

The Department continued to exercise careful control over the construction of new drainage systems within the Borough. Four hundred and forty visits were made by the Public Health Inspector in connection with drainage and five hundred and thirty-two tests were applied.

3. Sewerage:

Work continued on the Wearde sewerage scheme which will eventually open up about 50 acres of land for house building. It will also provide means of drainage for the new Saltash Grammar School. Work continued on the preparation of a new sewerage scheme for the Warraton/Burraton Coombe area.

4. Sewage Disposal:

The disposal of sewage continued to be effected by means of five outfalls into the River Tamar and one outfall into the River Lynher. With the exception of the Salt Mill outfall, crude untreated sewage is discharged.

Work continued on the construction of a new sewage disposal works at Coombe which will receive sewage from the new Wearde Sewerage scheme and also from part of the existing sewerage scheme. Eventually the Works will be extended to deal with sewage from three other outfalls. Work continued on the preparation of a scheme for the construction of a new sewage disposal works at Forder.

5. Closet Accommodation:

No conversions from earth closets to water closets were carried out during the year.

6. Public Cleansing:

(a) Refuse Collection:

Refuse collection in the Borough continued to be carried out in a satisfactory manner. The collection is made by means of one rear loading "fore and aft" tipper and collections are carried out once fortnightly in outlying areas, once weekly in the central area and twice weekly in the case of food shops.

(b) Refuse Disposal:

Refuse continued to be disposed of by controlled tipping at the Salt Mill Tip. Every effort was made to comply with Government recommendations in respect of controlled tipping and regular measures were taken to eradicate insect pests and rodents..

Work continued on the construction of a bund enclosing the eastern part of Salt Mill creek. This bund will ultimately enclose an area of $17\frac{1}{4}$ acres and will provide tipping facilities for approximately 20 years.

(c) Salvage:

The recovery and collection of textiles and metals continued during the year, the total receipts for the sale of these materials for the period 1st April, 1964 to 31st March, 1965 being £96 15s. 6d.

(d) Street Cleansing:

Street cleansing continued to be carried out in a regular and efficient manner. The frequency varies from twice daily to once weekly according to the type of street.

(e) Cesspool Emptying:

The emptying of cesspools is carried out by arrangement with a neighbouring authority.

7. Public Conveniences:

Male and female public conveniences are provided at:

Alexandra Square Car Park.
Burraton Sports Field.
Longstone Park.
St. Stephens.
Warfelton Sports field, and
Waterside

8. Public Health Inspection of the Area:

The inspection of all districts continued to be carried out regularly by the Public Health Inspector, the following specific visits and inspections being made:

	No.
Individual unfit houses	23
Houses in proposed clearance areas	17
Moveable dwellings	7
Old persons housing scheme	6
Houses in multiple occupation	1
New houses	1
Aged persons	13
Council houses	86
Overcrowding	1
Applicants for Council houses	65
Carried forward	220

						No.
Brought Forward						220
Council houses exchanges	...	...	...	...	...	24
Lodger applications	...	...	...	...	...	13
Improvement grants	...	...	...	...	...	73
Rent arrears	...	...	...	...	...	95
Shed control	...	...	...	...	...	18
Grocers' shops	...	...	...	...	...	5
Butchers' shops	...	...	...	...	...	1
Ice-cream premises	...	...	...	...	...	6
Cafes, etc.	...	...	...	...	...	3
Meat inspection	...	...	...	...	...	85
Food inspection	...	...	...	...	...	77
Food complaints	...	...	...	...	...	6
Water supply	...	...	...	...	...	45
Factories	...	...	...	...	...	23
Schools	...	...	...	...	...	1
Out-workers	...	...	...	...	...	1
Drainage	...	...	...	...	...	440
Sewerage	...	...	...	...	...	31
Sewage disposal	...	...	...	...	...	6
Atmospheric pollution	...	...	...	...	...	10
Keeping of animals	...	...	...	...	...	2
Offensive accumulations	...	...	...	...	...	1
Offensive odours	...	...	...	...	...	2
Oyster fisheries	...	...	...	...	...	1
Petroleum spirit	...	...	...	...	...	21
						<u>1,210</u>
Other visits (unclassified)	...	...	...	...		136
						<u>1,346</u>

9. Factories Act, 1961:

Co-operation continued to be maintained with H.M. Inspector of Factories in the exercise of the provisions of this Act.

The following table gives the number of factories in the Borough and details of inspections made by the Public Health Inspector. No defects were discovered.

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1,2,3,4 and 6 are to be enforced by the Local Authorities	4	4	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	11	11	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	8	8	-	-
Total:	23	23	-	-

10. Outworkers:

One out-worker was employed in the Borough during the year. Visits revealed that the working conditions in this case are satisfactory.

11. Pet Animals Act, 1951:

No premises were licensed under this Act during the year.

12. Insect Control:

The Department continued to provide a service for the destruction of insect pests. The following table gives details of treatments carried out:

<u>Type of Infestation</u>	<u>No. of Treatments.</u>
Beetles	5
Wasps	14
Floas	3
Ants	5
Woodworm	2
Other	1
	<hr/>
	30
	<hr/>

13. Rodent Control:

The control of rodents continued to be carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

During the year five hundred and seven inspections were made by the Operative, two hundred and forty three infestations being discovered. A successful treatment was carried out in the case of each infestation.

SECTION D.

HOUSING

1. Demolition of Unfit Houses:

(a) Clearance Areas:

No further clearance areas were represented during the year but the Waterside Compulsory Purchase Order No. 1. 1963 (comprising 18 houses) was confirmed by the Minister of Housing and Local Government. Twenty one persons in ten families were rehoused from this area.

(b) Individual Unfit Houses:

No individual unfit houses were demolished during the year.

2. Closure of Unfit Houses:

No houses were closed for the purpose of human habitation.

3. Repair of Unfit Houses:

One house was rendered fit as a result of informal action by the Council.

4. Certificates of Disrepair:

No applications for the issue or revocation of certificates of disrepair were received during the year.

5. Improvement Grants:

(a) Discretionary Grants:

In the period 1st April, 1964 to 31st March, 1965 five discretionary grants were made by the Council, the grants totalling £1,358 10s. 2d.

(b) Standard Grants:

In the period 1st April, 1964 to 31st March, 1965 twelve standard grants were made by the Council, the grants totalling £1,163 13s. 10d.

6. New House Construction:

(a) Local Authority:

Eight two bedroom flats and four one bedroom flats were built during the year.

At the end of the year the Council possessed 588 dwellings made up as follows:

	<u>No.</u>
One bedroom flats	44
Two bedroom flats	121
Three bedroom flats	9
Prefabricated houses	39
Two bedroom houses	80
Three bedroom houses	289
Four bedroom houses	6
	<hr/>
	588
	<hr/>

(b) Private:

One hundred and thirty three private dwellings were erected in the Borough during the year.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk:

Milk supplied to the town continued to be obtained from several private producers and from a large pasteurising establishment. The supervision of the production of milk on farms continued to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment is inspected and controlled by officers of the County Council.

2. Meat:

(a) Slaughterhouses:

One slaughterhouse is licensed in the Borough. The building complies with the Slaughterhouse (Hygiene) Regulations, 1958 and the Slaughterhouses (Prevention of Cruelty) Regulations, 1958 and is maintained in a highly satisfactory condition.

(b) Slaughtermen:

Four men were licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered were inspected according to the method and criteria of meat inspection recommended by the Meat Inspection Regulations, 1963. The following table gives details of animals slaughtered and inspections made during the year:

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	109	-	-	126	-	-
Number inspected	109	-	-	126	-	-
<u>ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	8	-	-	3	-	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis	7.32%			2.38%		
<u>TUBERCULOSIS ONLY:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-

CYSTICERCOSIS ONLY:

Carcases of which some part or organ was condemned	1	-	-	-	-	-
Carcases submitted to treatment by refrigeration	1	-	-	-	-	-
Generalised and totally condemned	-	-	-	-	-	-

3. Ice-cream:

Twenty five premises were registered under Section 16 of the Food and Drugs Act, 1955 for the storage and sale of ice-cream and one for the manufacture storage and sale of ice-cream.

Six samples of ice-cream were taken and submitted for bacteriological examination. The results in each case were satisfactory.

4. Other Foods:

The following food-stuffs were inspected, found to be unfit for human consumption and were surrendered voluntarily.

	lbs.	ozs.
Canned lemonade		9
Canned meat	167	11
Canned fruit	411	8
Canned vegetables	91	10
Canned fish	15	8
Cream		6
Canned pudding	9	13
Canned milk	32	0
Canned syrup	1	0
Canned soup	10	14
Total:	740	15

During the previous year (1963) the amount of food found to be unfit (other than meat at the Slaughterhouse) was 644 lbs. 4 ozs. There was thus an increase during the year under review of 96 lbs. 11 ozs.

5. Food Premises:

(a) The number of Food Premises in the area by type of business:

Grocers	30
Bakers and confectioners	6
Butchers	7
Cafes and restaurants	4
Fish fryers	3
Fish-mongers	2
Greengrocers	5
Dairies	1
Distributors of milk	16
Licensed premises	10

(b) The number of Food Premises by type registered under the Food and Drugs Act, 1955, Section 16:

(i) Ice-cream:

Grocers	15
Bakers	4
Cafes	3
Mixed premises	4
	<hr/>
	26
	<hr/>

(ii) Other:

Butchers (Sausage Making)	7
Fish-fryers	3
	<hr/>
	10
	<hr/>

6. Educational Activities:

No new educational activities were undertaken during the year, although the Public Health Inspector gave several lectures to local organisations on the subjects of Housing, Food Hygiene and Public Health Inspection.

7. Method and Disposal of Unfit Food:

Unfit food continues to be disposed of by burial at the Salt Mill Tip. Meat found to be unfit at the Slaughterhouse is stained with liquid acid green before removal.

8. Food Poisoning Outbreaks:

No cases of food poisoning were reported during the year.

SECTION F.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

1. Notifiable Diseases (other than Tuberculosis):

The incidence of this group of diseases was very light during 1964 when 27 cases in all were notified. The most prevalent infection was measles, but 11 cases only were notified. No cases of the more serious notifiable diseases occurred, and there were no deaths from these diseases.

The following are details of cases and case rates of notifiable disease during the year:

<u>Disease</u>	<u>Cases</u>	<u>Rate per 1,000 of population</u>	
		<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>
Measles	11	1.42	1.65
Whooping Cough	5	0.65	0.16
Erysipelas	5	0.65	0.12
Pneumonia	4	0.52	0.47
Scarlet Fever	2	0.26	0.08

2. Tuberculosis:

There was a welcome reduction in the incidence of newly notified cases of tuberculosis in the Borough during 1964 when one case only was notified. This was a respiratory infection involving a 36 year old woman.

The following are details of new cases and case rates during the year:

<u>Age Group</u>	<u>New Cases</u>	
	<u>M</u>	<u>F</u>
0 - 4	-	-
5 - 14	-	-
15 - 24	-	-
25 - 44	-	1
45 - 64	-	-
65 and over	-	-
	<u>-</u>	<u>1</u>

Rate per 1,000 of population

	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>
New cases	0.13	0.37
All known cases	3.37	3.00
Deaths	-	0.06

At the end of 1964 there were 23 known cases of respiratory tuberculosis and 3 known cases of non respiratory tuberculosis resident in the Borough.

APPENDIX 1. PRINCIPAL CAUSES OF DEATH - ALL AGES - 1964

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	70	89	36	17	31	28	271
Stroke	31	26	20	12	27	4	120
Cancer (all sites)	31	24	24	13	10	9	111
Respiratory disease	19	10	7	6	4	2	48
Circulatory disease	8	6	3	7	2	2	28
Accidents	4	4	4	1	1	2	*16
Digestive disease	4	2	2	1	-	2	11
Suicide	2	4	1	1	-	-	8
* Includes 5 motor vehicle accidents.							

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1964

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7.
Coronary disease angina	37	33	18	13	9	13	123
Hypertension with heart disease	5	4	2	1	3	2	17
Other heart disease	28	52	16	3	19	13	131
Cancer of lung and bronchus	3	3	5	3	1	1	16
Cancer of stomach	6	3	3	3	-	-	15
Leukaemia	1	-	1	2	2	1	7
Cancer of breast	4	-	1	-	1	-	6
Cancer of uterus	-	1	2	-	2	-	5
Other Cancers	17	17	12	5	4	7	62

APPENDIX 3.

DEATHS BY AGE GROUP - 1964

DISTRICTS	0 - 4 YEARS	5 - 14 YEARS	15 - 44 YEARS	45 - 64 YEARS	65 - 74 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	2	-	7	34	52	90	185
LISKEARD R.D.	9	1	7	37	54	78	186
SALTAHS M.B.	6	-	1	23	27	51	108
TORPOINT U.D.	1	-	2	11	24	25	63
LISKEARD M.B.	1	-	1	9	20	48	79
LOOE U.D.	-	-	2	8	8	35	53
HEALTH AREA NO. 7.	19	1	20	122	185	327	674

APPENDIX 4.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7. - 1964

<u>AGE GROUP</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>M.</u>	<u>F</u>	<u>M</u>	<u>F</u>
0. - 4 YEARS	-	-	-	-
5 - 14 YEARS	2	-	-	-
15 - 24 YEARS	1	-	-	-
25 - 44 YEARS	1	2	-	1
45 - 64 YEARS	8	1	1	-
65 YEARS AND OVER	1	3	-	1
	<u>13</u>	<u>6</u>	<u>1</u>	<u>2</u>

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.25	0.12	0.37
MORTALITY RATE PER 1,000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1,000 OF POPULATION IN THE
SIX COUNTY DISTRICT IN HEALTH AREA NO. 7. -1964

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u> <u>AT 31.12.64</u>	<u>DEATHS</u>
ST. GERMANS R.D.	0.21	3.31	0.21
LISKEARD R.D.	0.30	3.20	-
SALTASH M.B.	0.13	3.37	-
TORPOINT U.D.	0.15	4.02	-
LISKEARD M.B.	0.66	7.06	-
LOOE U. D.	1.78	5.58	-
HEALTH AREA NO. 7.	0.37	3.90	0.06
CORNWALL COUNTY	0.33	5.51	0.06

APPENDIX 5.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUP - 1964

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>
45 - 54 YEARS	1	-
55 - 64 YEARS	6	1
65 - 74 YEARS	5	1
75 YEARS AND OVER	1	-

PLUS 1 FEMALE IN 35-45 YEAR GROUP

DEATH RATE PER 1,000 OF POPULATION - 1964

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
HEALTH AREA NO. 7.	0.275	0.039	0.314
CORNWALL COUNTY	0.316	0.072	0.388
ENGLAND AND WALES	0.453	0.082	0.535

